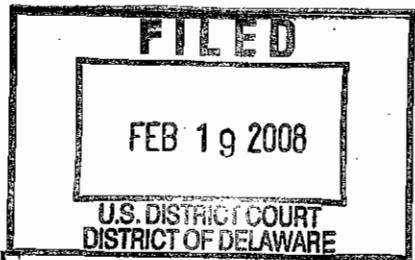


United States District Court
For the District of Delaware

Acknowledgement of Service Form *Scanned*
For Service By Return Receipt

Civil Action No. 08-4

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p><i>Dep. Warden David Pierce c/o DCC 1181 Paddock Rd. Smyrna, DE 19977</i></p> <p style="text-align: right;"><i>08-4 GMS</i></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <i>J. Merson</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J. Merson</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7007 2680 0003 3006 5997</p>	